## Manual Record Check Request Form



This form is for the use of persons and organizations requesting criminal history record checks of the Kansas Central Repository by mail rather than over the Internet. Complete this form and mail it, with appropriate payment, to the Kansas Central Repository, Attn: KBI Criminal History Records Section, 1620 SW Tyler, Topeka Kansas 66612-1837.

If you have Internet access and wish to conduct this record check on-line, please visit the Kansas Bureau of Investigation (KBI) website at <a href="https://www.accesskansas.org/kbi/criminalhistory/">www.accesskansas.org/kbi/criminalhistory/</a>.

1.	This request for access to criminal history record information is made by the following person, company or agency, hereinafter called <i>Requestor:</i>					
	Name of person/organization:					
	Mailing Address:					
	Name of Organization's Point of Contact:	Title:				
	Telephone: ( ) FAX: (	) E-mail:				
2.	The Requestor will use the record checks to provide background information for: (check all that apply)					
	Employment Volunteer work Private investigation	Lawsuit or court proceeding Other legal process Performance bond/certification  Adoption or foster care Visa, emigration or immigration Genealogical research				
	(Other. Please describe)					
3.	Dissemination of criminal history record information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law and regulations, including, but not limited to a. Title 28 (Judicial Administration) of the Code of Federal Regulations.  b. Crime Control Act of 1990; Pub. L. No. 101-647  c. The National Child Protection Act of 1993; 42 U.S.C. 5119, with subsequent amendments d. Kansas Statutes Annotated 22-4701 et seq. e. Kansas Administrative Regulations 10-12-1 et seq.					
4.	Requestor agrees to limit disclosure of the information received to personnel who have a clear and distinct "need to know," and ensure that the information is used only for the purpose for which provided. Further, Requestor shall:  a. Implement reasonable procedures to insure the confidentiality and security of any information received.  b. Indemnify and hold harmless the KBI, their employees, including their heirs, executors, administrators, personal representatives, successors, and assigns, from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or other remedies arising from the providing of criminal history information.					
5.	The KBI has the right to demand return of a regulation, or law described in this request is	Ill information provided to the Requestor when any rule, policy, procedure, is violated or appears to be violated, or for non-payment of any service.				
6.	The Requestor acknowledges and consents	s to the above-stated conditions.				
Ka	(Signature of Requestor or Rensas Central Repository	equestor's Representative) (Date)				

## **Manual Record Check Request**

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This page is used to provide identifying information for one person to be checked. The **Full Name** and **Date of Birth** are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the addition of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the *Request for Certified Record Check* form found on the KBI Public Access web site: <a href="https://www.accesskansas.org/kbi/criminalhistory/">www.accesskansas.org/kbi/criminalhistory/</a>

Requested by:	ed name in case this page		Date of Request:		
(Your print	ed name in case this page	is separated from the first	page)		
dentification of the indivi	dual to be searched:				
dontinoution of the marvi	adar to be scarened.				
A fingerprint card [	is] [is not] included.				
Full Name:					
	Last Name	First Name	Middle Name	(Jr, Sr, III)	
Alias/Maiden Nam	e:				
	Last Name	First Name	Middle Name	(Jr, Sr, III)	
Date of Birth:	MM/DD/YYYY	Social Se	ecurity Number:		
	MM/DD/YYYY				
Sex:	Sex: Race:		Place of Birth:(City, State or Foreign Country)		
			(City, State o	or Foreign Country)	
Height:	Weight: Oc	cupation:			
Dasidanas					
Residence:					
For KBI Use					
Fotal Daymont for All co	arches regulacted. Mo	ka ahaaka nayahla tay l	/Pl Pagerd Chark For Fu	m al	
Iotal Payment for ALL Sea	arcnes requested. Ma	ke checks payable to: P	KBI Record Check Fee Ful	na	
name searches at \$2	20 per search + f	ingerprint searches at S	\$30 per search = \$	total fee enclosed.	